



Emergency Medical Leave Donation Form

Name (First and Last Name Printed):

Phone Number:

TO BE COMPLETED BY THE DONOR

I wish to donate _____ hours of my accrued PTO or vacation. (Donations must be made in whole hour increments.)

PTO/Vacation hours will be deducted from balances in the next available payroll following form submission. Please refer to the Leaves of Absence section of ER policy/procedures for complete details of the program.

I understand and agree that:

1. This voluntary donation of PTO or vacation leave, once processed, is irrevocable.
2. I must be PTO or vacation leave program eligible and have completed probation.
3. This donation will not cause my PTO or vacation leave balance to drop below 80 hours.
4. I have not donated 80 hours this calendar year.

Donor's Signature: _____ Date: _____

Please Forward Donor Form to Employee Relations

Employee Relations Use Only

- ☐ Probation has been completed.
- ☐ Donation did not cause the donor's balance to drop below 80 hours.
- ☐ The donor has not donated more than 80 hours this calendar year.
- ☐ Leave balances have been adjusted in Infor (LP31).
- ☐ Donation has been added to tracking sheet.
- ☐ Employee Number _____
- ☐ Current Hourly Rate \$ _____ X Hours = _____ Total Value _____

Date Received: _____ Pay Period Processed: _____

Processed By: _____